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3:13 CU 68

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SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. □ Agent X Print your name and address on the reverse ☐ Addressee so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery deress different from ite If YES, enter delivery address below: 3:13-CV-68 DE 21 John®R. Hughes, Jr. Kathy A. Hughes 1046 Isaac Franklin Drive 3. Service Type

Certified Ma Express Mail Gallatin, TN 37067 □ Registered eipt for Merchandise Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 2945 1090 0002 2980 2945 (Transfer from service label)

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PS Form 3811, February 2004